

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 02-651 1 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4212 4737 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



2nd Wheelchair (WC)

Additional Wheelchairs (WC)

TOTAL ELIGIBLE RIDERS

Non-WC IEP Lists Trans as Related Service

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2004 - 2005

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Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)		
Nonpublic School Riders (ineligible)		
TOTAL RIDERS		

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



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Signature - Chair, County Transportation Committee



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Due Dates: All Routes		To County Supt October 1		To OPI October 15	;	\$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route				eage	Rated Capacity	
02-650	5		Dua Davit	□ Non Bus Mileage		71	
Vehicle I.D. #	License #		☐ Bus Rout ☐ District Ow	e Mileage	Contractor C		
4040				If so, Name of Owner F			
4212	4737			I rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entity		
0965		•	,				
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL F	RIDERS	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	(Grades PK-		(Grades 9-1		ELIGIBLE RIDERS	
this route		а		b		С	
		NUMBER		NUMBER	<u> </u>	a + b	
Regular (include eligible Preschool/l	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,	under 3 miles OR						
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TOTAL RIDERS							
TOTAL RIDLING							
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Signature - Chair, Board of Trustees	are adhoperation out	.50 4104 40019		Date			
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Signature - Chair, County Transport		JOHN HILLES.			Date		



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 02-302 6 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4219 9340 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



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1st Wheelchair (WC)

2nd Wheelchair (WC)

Additional Wheelchairs (WC)

Non-WC IEP Lists Trans as Related Service

TOTAL ELIGIBLE RIDERS

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

Nonpublic School Riders (ineligible)

TOTAL RIDERS

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-655 7 29 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 7648 3684 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 58-301 7 31 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 6868 4620 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 02-051 7 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2198 4611 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 56-201 7 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2198 4611 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Signature - Chair, County Transportation Committee



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Signature - Chair, County Transportation Committee



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1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

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1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 34-650 8 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9917 4745 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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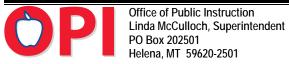
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Helena, MT 59620-2501

State Reimbursement
School Year 2004 - 2005

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each but

receives state reimbursement ev					one form for ea	ch bus route that	
Due Dates	:	To 0	County Supt	To OPI	R	ate Per Mile	
All Routes				October 15	\$	1.57	
County Name		County Number	District Nam	ie		Legal Entity Number	
Yellowstone		56	Billings Po	ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)		Type of Service □ Bus Route Mileage		Rated Capacity	
55-051	8		□ Non Bus Bus Route Mileage			71	
Vehicle I.D. #	License #		□ District Owr	□ District Owned Contr		ractor Owned	
4209	4209 7753			 □ Contract - If so, Name of Owner First St □ Contracted rate per mile 		ident Clnc	
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	must match budget! ✓ Legal Entity			Legal Entity		
0965							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		,,,		70		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades P	_	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a		b		С	
Describer (in alcohola discibile Describer 1/1/1		NUMBE	R	NUMBER	}	a + b	
Regular (include eligible Preschool/k	undergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	ement that would be eligible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
TOTAL RIDERO							
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this bi required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts shi We understand route changes of accordance with 20-10-132, MCA.	We further certify that us and bus route by to meets the minimum sensed, qualified and aciting or causing other laws, rules or regions district lines and trainal be attached to the	this bus transports pupils he State Superintendent; that and ards as established by approved driver to operate ers to solicit students from ulations governing school ansports students from out:	eligible for school tr to make such reports by the Board of Publi such vehicle as req other transportation transportation will be sside the district, a co copy of this docume	ransportation as defined by s to the State Superintende c Education, the Montana luired by 20-10-103, MCA. areas. e sufficient cause for withher ppy of the agreement betwent.	20-10-101, MCA ent and County Si Highway Patrol and olding of state and een Boards, 20-1	uperintendent as are and the State d county reimbursement for 0-126(2) MCA, signed by	
I certify that this application for r bus operates on the route as ap	•				•	•	
Signature - Chair, Board of Trustees	r. 5.55 by and with	and adhoportunor of	area area accigi	County Hall	Date		
0	·		manufacilities -	andono a suiti o a att	20 40 400 1/2		
This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursemen		ordance with Section 2 red and I certify that this			
Signature - Chair, County Transporta					Date		



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-603 8 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 5427 4994 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



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Due Dates: All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number District		istrict Name		Legal Entity Number
Yellowstone			56	Billings	Billings Public Schools		0965 0966
Route #	Length	h of Route ((miles per day)		Type of Service ☐ Bus Route Mil		Rated Capacity
56-001	8.9			Bus Roi	□ Non Bus Mile ute Mileage	age	71
Vehicle I.D. #		_icense #		1 .			Dwned
4210 7752			□ Contract - If so, Name of Owner□ Contracted rate per mile			First Studer	nt Clnc
Reimbursement Distribution- En	nter the I	legal entity			ty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0965	L	Legal Entity	must match budget! Legal Entity		ty	Legal Ent	
% 100.00		%		%		%	
PASSENGER INFORMATION		70		70		70	
Number of Preschool/Kindergal this route	Number of Preschool/Kindergarten pupils riding		ELEMENTARY (Grades P		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBE	:D	b NUMBEF)	c a+b
Regular (include eligible Preschool/	Kindergar	rten riders)	NOWIDE	.iv	NOWBEI	`	415
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees	Sy and will	are transportation st	C. 1100 GIOG 655	igned by the County Hall	Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
Signature - Chair, County Transport	tation Con	mmittee				Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev	en though transpo	ortees of another legal of	entity may utilize	the services.		Rate Per Mile	
Due Dates All Routes	To County Supt October 1		To OPI October 15		\$0.95		
County Name	County Number District Name		ne		Legal Entity Number		
Yellowstone	56 Billings Pub		ublic Schools		0965 0966		
Route #	Length of Route			rvice Bus Route Mi	leage	Rated Capacity	
52-604	9		Bus Rout	□ Non Bus Mile e Mileage	age	18	
Vehicle I.D. #	License #		□ District Ow	District Owned Contractor Owned			
8553	4619		□ Contract - If so, Name of Owner First St□ Contracted rate per mile			t Clnc	
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity Use 1		must match budget! y Legal Entity		,	Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees			2 2 2 2 2 2 2 2 2 3 3	.,	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transporta		ommuee.			Date		



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 31-601 9 25 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4093 7776 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile

Due Dates: To County Supt October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 50-605 9 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4112 7820 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 53-001 9 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2201 7758 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 53-301 9 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2201 7758 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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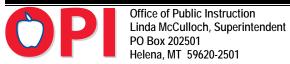
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2004 - 2005

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Dates	To County Supt		To OPI	F	Rate Per Mile		
All Routes		October 1		:	\$0.95		
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56	Billings Pu			0965 0966	
Route #	Length of Route			Billings Public Schools Type of Service □ Bus Route Mil		Rated Capacity	
41-650	12		☐ Non Bus Milea Bus Route Mileage		age	25	
Vehicle I.D. #	License #				Contractor Owned		
7825			□ Contract - If so, Name of Owner Fi□ Contracted rate per mile		First Studen	t Clnc	
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0965			must match budget! y Legal Entity		Legal Enti		
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBER		HOMBEI	`	u i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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area assigned to it by the Count Signature - Chair, County Transports	Committee.			Date			
,							



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Rate Per Mile

	Type of Servi	blic Schools		Legal Entity Number				
e (miles per day)	Type of Servi			0005 0000				
e (miles per day)	Type of Servi			0965 0966				
	Dua Dauta			Rated Capacity				
	I Bus Route	□ Non Bus Milea Mileage		30				
	District Owne	ed C	Contractor Owned					
			irst Student Clnc					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages								
			Legal Entity					
	%		%					
		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS				
a NUMBER		b NUMBER		c a+b				
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,	The second secon			Date				
d State Reimbursement has been reviewed and I certify that the								
	ELEMENTARY RII (Grades PK-8 R	District Owner Contract - If size contracted research to provide the result of the route established by the Board of Trustees (Grades PK-8) Contracted results Size Size	District Owned Contract - If so, Name of Owner F Contracted rate per mile ty number and percentage of state/county reimbursement to be part must match budget! Legal Entity ** ** ** ** ** ** ** ** **	District Owned Contractor Contractor To Contract - If so, Name of Owner First Studen Contracted rate per mile				



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-110 12 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9909 4605 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number Distric		rict Name		Legal Entity Number	
Yellowstone		56	Billings P	Public Schools		0965 0966	
Route #	Length of Route	1		Type of Service ☐ Bus Route Mi		Rated Capacity	
21-650	12		Buc Bout	□ Non Bus Milea	age	71	
Vehicle I.D. #	License #		☐ District Ow	te Mileage med (Contractor C	tractor Owned	
1516			□ Contract -		f so, Name of Owner First Student Clnc rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal Enti	y must match budget! Legal Entity		Legal Ent		ity	
% 100.00	%		%		%		
PASSENGER INFORMATION	• · · ·						
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades Pk		HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBEF	?	b NUMBER	,	c a+b	
Regular (include eligible Preschool/h	Nomber		NOMBER	<u> </u>	a i b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be be eligible)						
TOTAL RIDERS							
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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 69-650 13 18 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 8553 4619 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 50-007 13 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9908 4604 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 0965 % 36.00 % 64.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Date: All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57				
County Name		County Number District Nan		ne		Legal Entity Number			
Yellowstone		56	Rillings P	Billings Public Schools		0965 0966			
Route #	Length of Route			Type of Service Bus Route Mil		Rated Capacity			
51-612			D . D	□ Non Bus Mile	age	71			
Vehicle I.D. #	License #		Bus Route I □ District Owned		Lontractor C				
4207			□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile						
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages			
Legal Entity Legal Entit 0966		must match budget! Legal Entity		1	Legal Entit	у			
% 100.00	%		%		%				
PASSENGER INFORMATION	70		70		70				
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS			
		a NUMBEF	?	b NUMBER	?	c a + b			
Regular (include eligible Preschool/Kindergarten riders)		NOWIDER				a i b			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees			- 3		Date				
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation									
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g,san, manapananan sammas									



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 24-104 13 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4213 4723 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 0965 43.00 % % 57.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-650 14 25 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4129 7825 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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School Year 2004 - 2005

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 33-131 14 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9909 4605 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					ne form for ea	ach bus route that		
	c , ,		To OPI	F	Rate Per Mile			
Due Dates All Routes		To County Supt October 1		;	\$1.57			
County Name		County Number	District Nan	ne		Legal Entity Number		
Yellowstone		56 Billings P		ublic Schools		0965 0966		
Route #	Length of Route	(miles per day)		Type of Service □ Bus Route Mile		Rated Capacity		
21-652	14		☐ Non Bi Bus Route Mileage		ige	71		
Vehicle I.D. #	License #		□ District Owned Contractor Owned					
5427	4994	□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile			t Clnc			
Reimbursement Distribution- En	iter the legal entity	number and percentage	of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entity	must match budget! Legal Entity		,	Legal Entity			
0965		Legal Entity						
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL F	RIDERS	TOTAL		
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		(Grades PK-8)		2)	ELIGIBLE RIDERS		
			a NUMBER			c a + b		
Regular (include eligible Preschool/h	Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)	1st Wheelchair (WC)							
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS	TOTAL RIDERS							
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Signature - Chair, Board of Trustees	are warreportation sort	area accig	incompanies Southly Halle	Date				
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta	·ommico.			Date				



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 31-101 14 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4214 4725 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 45-601 14 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4216 7828 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee Date



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Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 03-201 15 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9911 4607 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 52-602 15 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4996 1515 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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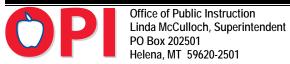


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School Year 2004 - 2005

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
	To County Supt October 1		To OPI October 15		Rate Per Mile		
Due Dates: All Routes					\$0.95		
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route # Length of Route		J		of Service □ Bus Route Mileage		Rated Capacity	
70-600	10		☐ Non Bus Milea Bus Route Mileage		age	25	
Vehicle I.D. #	License #		District Owned Cor		Contractor C	ontractor Owned	
4129	7825	7825		□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	• •		must match budget! Legal Entity		Legal Entit		
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL (Grades 9-2		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	>	c a+b	
Regular (include eligible Preschool/H	Kindergarten riders)	NOMBER		HOMBEI		u · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
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area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							
g-ma							



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 50-653 10 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9919 4747 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-010 10 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9909 4605 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



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Due Dates	ŭ	ortees of another legal entity may utilize the To County Supt		F	Rate Per Mile	
All Routes		October 1		To OPI October 15		\$1.57
County Name		County Number	District Nar	me		Legal Entity Number
Yellowstone		56	Billings F	Billings Public Schools		0965 0966
Route #	Route # Length of Route		Type of Se	Type of Service ☐ Bus Route Mile ☐ Non Bus Milea		Rated Capacity
33-006	10	l		Bus Route Mileage		71
Vehicle I.D. #	License #		□ District Ow		ontractor C	
7650	4727		□ Contract - If so, Name of Owner First Student Clnc □ Contracted rate per mile			
Reimbursement Distribution- En	ter the legal entit		e of state/county atch budget!	y reimbursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity 0965	Legal Enti				Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV	DIDEDO	LIIOH OOLIOOL E	UDEDO.	TOTAL
Number of Preschool/Kindergard this route	ten pupils riding	ELEMENTARY (Grades PI		HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS
		a NUMBE	R	b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)						
1st Wheelchair (WC)						
2nd Wheelchair (WC)	2nd Wheelchair (WC)					
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)						
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TOTAL RIDERS	, , ,					
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which I	We further certify th us and bus route by	at this bus transports pupils of the State Superintendent; to	eligible for school o make such repor	transportation as defined by a rts to the State Superintender	20-10-101, MC/ nt and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soil We understand that violations of this bus route.	ensed, qualified and citing or causing otl	approved driver to operate s	such vehicle as re- other transportatio	quired by 20-10-103, MCA. n areas.	,	
We agree that if this route crosse the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	all be attached to the curring during the s	ne county superintendent's c chool year require the filing o	opy of this document of an amended TR	ent. R-1 form and approval of the 0	County Transpo	ortation Committee in
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All Routes					\$1.57		
County Name		County Number	District Nar	me	Legal Entity Number		
Yellowstone		56	Billings F	Public Schools	0965 0966		
Route #	oute # Length of Route (Type of Se	rvice Bus Route Mileage Non Bus Mileage	Rated Capacity		
47-654	10			te Mileage	71		
Vehicle I.D. #	License #		□ District Ow		Contractor Owned		
4217	7850		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 				
Reimbursement Distribution- En	ter the legal enti		e of state/county natch budget!	y reimbursement to be paid to e	each district. Note: Percentages		
Legal Entity 0965					gal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV	DIDEDO	THOU SOURCE PIPER			
Number of Preschool/Kindergard this route	ten pupils riding	ELEMENTARY (Grades P		HIGH SCHOOL RIDER (Grades 9-12)	S TOTAL ELIGIBLE RIDERS		
		a NUMBE	R	b NUMBER	c a+b		
Regular (include eligible Preschool/Kindergarten riders))					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
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1 copy State Supt. 1 copy County Supt. 1 copy School District

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Due Dates	ŭ	rtees of another legal entity may utilize the ser To County Supt		F	Rate Per Mile		
All Routes		October 1		To OPI October 15		\$1.57	
County Name		County Number	District Nar	District Name		Legal Entity Number	
Yellowstone		56	Billings F	Billings Public Schools		0965 0966	
Route #	Route # Length of Route		Type of Se	Type of Service ☐ Bus Route Mil ☐ Non Bus Milea			
63-001	10			Bus Route Mileage		71	
Vehicle I.D. #	License #		□ District Ow		ontractor C		
2303	4347		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 				
Reimbursement Distribution- En	iter the legal entity		e of state/county atch budget!	y reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Enti			Legal Ent		У	
0903	U965 						
% 100.00	%		%	%			
PASSENGER INFORMATION		ELEMENTARY.	DIDEDO	111011 0011001 5	UDEDO.	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)	2nd Wheelchair (WC)						
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)							
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
Signature - Chair, County Transporta		ommittee.			Date		



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Linda McCulloch, Superintendent

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Due Date	s:		To County Supt	To OPI	Rate Per Mile	
All Routes			October 1	October 15	\$1.57	
County Name		County Number	District Name	Э	Legal Entity Number	
Yellowstone		56	Billings Pu	ıblic Schools	0965 0966	
Route # Length of Route		(miles per day)	miles per day) Type of Service Bus Route Mil		Rated Capacity	
24-110	10	Bus Route		□ Non Bus Mileage e Mileage	71	
Vehicle I.D. # License #			□ District Owned C		ontractor Owned	
2423 7783			☐ Contract - If☐ Contracted □	so, Name of Owner First Strate per mile	udent Clnc	
Reimbursement Distribution- En	nter the legal entity		entage of state/county	reimbursement to be paid to ea	ch district. Note: Percentages	
Legal Entity Use 1				Lega	Legal Entity	
% 43.00 PASSENGER INFORMATION	% 57	.00	%	%		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	c a + b	
Regular (include eligible Preschool/	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agreotherwise allow nonresident riders to (Include ineligible Preschool/Kinder	eement that would be be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		iiii uie uarisportat	ion service area assign	Date	on Committee.	
This Application for Registration	n of School Bus and	d State Reimburse		rdance with Section 20-10-13 ed and I certify that this bus op		
area assigned to it by the Coun Signature - Chair, County Transport	, , , , , , , , , , , , , , , , , , , 	Committee.		Date		
, , , , , , , , , , , , , , , , , , ,				2 2.10		



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Due Date All Routes		To County Supt October 1			Rate Per Mile \$1.36		
County Name		County Number	District Nan	ne	Legal Entity Number		
Yellowstone		56	Billings P	Public Schools		0965 0966	
Route #				Type of Service ☐ Bus Route Mil		Rated Capacity	
59-601	16		Rus Rout	□ Non Bus Milea∉ te Mileage	ge	65	
Vehicle I.D. #	License #		•			or Owned	
4115	7823		□ Contract - If so, Name of Owner First St □ Contracted rate per mile			t Clnc —	
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pai	id to each dis	trict. Note: Percentages	
Legal Entity Use 1		must match budget! y Legal Entit		y Legal Ent		у	
% 100.00	%	%		%			
PASSENGER INFORMATION	7.0		70		70		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY I (Grades PK		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBEF)	b NUMBER		c a+b	
Regular (include eligible Preschool/h	Regular (include eligible Preschool/Kindergarten riders)		<u> </u>	NOWBER		a 1 5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Rate Per Mile

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Helena, MT 59620-2501

State Reimbursement
School Year 2004 - 2005

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 02-253 11 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9910 4606 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 32-650 11 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4090 7821 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 48-001 17 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 7696 5330 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0965 0966 Rated Capacity 71 % TOTAL **ELIGIBLE RIDERS** С a + b

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1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement e		ortees of another legal e				Rate Per Mile
Due Dates All Routes	To County Supt To OPI October 1 October 15		To OPI October 15	\$1.57		
All Routes		000		October 13		ψ1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Yellowstone		56		ublic Schools		0965 0966
Route #	Length of Route	(miles per day)	Type of Ser	rvice Bus Route Mil Non Bus Milea		Rated Capacity
48-302	17		Bus Rout	e Mileage	ige	71
Vehicle I.D. #	License #		□ District Ow		Contractor C	
4220	E664	□ Contract - If so, Name of Owner □ Contracted rate per mile			-irst Student Cinc	
Reimbursement Distribution- En	ter the legal entity		of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entit		Legal Entity	,	Legal Entity	У
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	-
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY I (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k	(indergarten riders)	_				
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related						
TOTAL ELIGIBLE RIDERS						
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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 64-600 17 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2217 7782 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement ev							
Due Dates	::	To C	ounty Supt	To OPI	K	Rate Per Mile	
All Routes		Octo	ber 1	October 15	\$	\$1.57	
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Ser			Rated Capacity	
70-002	17		□ Non Bus Bus Route Mileage		age 71		
Vehicle I.D. #	License #		☐ District Owned		Contractor Owned		
4218	7847		☐ Contract - If so, Name of Owner First Student CInc☐ Contracted rate per mile				
Reimbursement Distribution- Ent	ter the legal entity		of state/county		aid to each dist	trict. Note: Percentages	
Legal Entity	Legal Entity		atch budget! Legal Entity		Legal Entity	Legal Entity	
0966			,				
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart	en pupils ridina	ELEMENTARY I (Grades PK	_	HIGH SCHOOL (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
this route	The state of the s	,		`			
		a NUMBEF	₹	b NUMBEF	?	c a + b	
Regular (include eligible Preschool/K	indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u							
nonresident and no attendance agree otherwise allow nonresident riders to	be eligible)						
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
Mariana estados de destados de la contración de la contra			D 1 (T)		,		
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu	Ve further certify that	this bus transports pupils e	ligible for school t	ransportation as defined by	20-10-101, MCA	Α.	
required; to provide a vehicle which n Superintendent; and to provide a lice					Highway Patrol a	ind the State	
We also agree to refrain from solid We understand that violations of the solid solutions.	citing or causing othe	ers to solicit students from o	ther transportation	areas.	olding of state an	nd county reimbursement for	
this bus route. We agree that if this route crosses			•		· ·	•	
the school boards of both districts sha We understand route changes occ	all be attached to the	county superintendent's co	ppy of this docume	ent.	,	., , ,	
accordance with 20-10-132, MCA.							
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Signature - Chair, Board of Trustees Date							
County T	ransportation Co	mmittee Approval as r	equired in acco	ordance with Section 2	1 20-10-132, MC	A.	
This Application for Registration area assigned to it by the County			has been review	ved and I certify that this	s bus operates	within the transportation	
Signature - Chair, County Transporta	tion Committee				Date		



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 33-600 19 31 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 6868 4620 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



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Due Date		To County Supt To OPI		K	ate Per Mile		
All Routes		Octobe	er 1	October 15		61.36	
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56		ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Ser	vice □ Bus Route Mi □ Non Bus Milea		Rated Capacity	
32-600	19		Bus Rout	e Mileage		65	
Vehicle I.D. #	License #	□ District C		trict Owned Contractor			
1238	7830	□ Contract - If so, Name of Owner □ Contracted rate per mile		Irst Student Cinc			
Reimbursement Distribution- E	nter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity		ch budget! Legal Entity		Legal Entity		
0965							
% 100.00	%		%		%	0/.	
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kinderga	rten pupils riding	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		а		b		C	
Regular (include eligible Preschool	/Kindergarten riders)	NUMBER		NUMBER	(a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
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	_						
This Application for Registratio	n of School Bus and						
area assigned to it by the Cour Signature - Chair, County Transpor		Committee.			Date		
•					I		



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Due Date All Routes		To County Supt October 1		To OPI October 15		
County Name		County Number	District Nan	ne		Legal Entity Number
Yellowstone		56	Rillings P	Public Schools		0965 0966
Route #	Length of Route		Type of Sei	rvice Bus Route Mil		Rated Capacity
47-653	19		Bue Pout	□ Non Bus Milea te Mileage	age	65
Vehicle I.D. #	License #		☐ District Ow		Contractor (
4112	7820		☐ Contract - If so, Name of Owner First Student Cinc ☐ Contracted rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0965	Legal Entit		Legal Entity	,	Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER	1	b NUMBER		c a+b
Regular (include eligible Preschool/	Kindergarten riders)	NOWIDEN	1	NOMBEN	\	415
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	eement that would to be eligible) garten riders)					
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orginature - Orian, County Transport	anon committee				Date	



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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 60-653 20 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2415 7767 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accorda receives state reimbursement e					e form for ea	ach bus route that	
Due Date All Routes		To County Supt October 1			Rate Per Mile \$1.57		
County Name		County Number District Nat		t Name		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route	II.		Service Bus Route Mileage		Rated Capacity	
41-002	20		Bus Rout	□ Non Bus Mileag te Mileage		71	
Vehicle I.D. #	License #				ntractor C)wned	
4211	4211 7755		 □ Contract - If so, Name of Owner First Student Clnc □ Contracted rate per mile 			t Clnc —	
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	reimbursement to be paid	d to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Entit		Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	,,		70		70		
Number of Preschool/Kindergal this route	ten pupils riding	ELEMENTARY I (Grades Pk		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER)	b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergarten riders)	NOWBER		NOMBER		a 1 b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		are transportation se	1.50 area assig		Date		
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Signature - Chair, County Transport	ation Committee				Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 41-351 20 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4211 7755 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 43-607 20 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4218 7847 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee Date



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receives state reimbursement e		· ·			F	Rate Per Mile	
Due Dates: All Routes				To OPI October 15	:	\$1.57	
County Name		County Number District Name		ne		Legal Entity Number	
Yellowstone		56 Billings Po		ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Sei			Rated Capacity	
70-102	20	Bus Route		_		71	
Vehicle I.D. #	License #	□ District Owne					
4218	7847		□ Contract - If so, Name of Owner First Studes □ Contracted rate per mile		t Cinc		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity	у	
0966							
% 100.00	%		%		%	%	
PASSENGER INFORMATION	_						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)				_			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
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(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus wi	ill operate entirely on	the route established by the	- Board of Trustee	es and within the transporta	tion area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify that hus and bus route by t meets the minimum s ensed, qualified and a	t this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s	eligible for school to make such repor the Board of Publ such vehicle as red	transportation as defined by ts to the State Superintend lic Education, the Montana quired by 20-10-103, MCA.	/ 20-10-101, MC/ ent and County S	A. Superintendent as are	
We also agree to refrain from sol We understand that violations of this bus route.	the laws, rules or reg	ulations governing school to	ransportation will b	e sufficient cause for withh	J	•	
We agree that if this route crosse the school boards of both districts sh We understand route changes or accordance with 20-10-132, MCA.	nall be attached to the	e county superintendent's co	opy of this docume	ent.		, , , , ,	
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Signature - Chair, Board of Trustees			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Date		
County 1	Fransportation Co	ommittee Approval as i	required in acc	ordance with Section 3	 20-10-132. MC	A.	
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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-604 21 14 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 8935 7831 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 34-001 21 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2206 4617 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



Date

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Signature - Chair, County Transportation Committee



1 copy State Supt. 1 copy County Supt. 1 copy School District

		0					
This form is required in accorda receives state reimbursement e						ach bus route that	
Due Date All Routes			County Supt ober 1	To OPI October 15	•	\$1.57	
County Name		County Number District Name		ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)	les per day) Type of Service Bus			Rated Capacity	
45-650	21		Bus Rout	□ Non Bus Mileaç Bus Route Mileage		71	
Vehicle I.D. #	License #	□ District Own					
1517	4997		□ Contract - If so, Name of Owne□ Contracted rate per mile		First Student Cinc		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal Enti		must match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%	%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	rten pupils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)	Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as application.	•			•	•	•	
Signature - Chair, Board of Trustees				Date			
County	Transportation C	ommittee Approval as	required in acc	ordance with Section 2	20-10-132, MC	A .	
This Application for Registration area assigned to it by the Coun	n of School Bus ar ty Transportation	nd State Reimbursement					
Signature - Chair, County Transportation Committee					Date		



Due Dates:

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2004 - 2005

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile

To County Supt

October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 61-615 21 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 1517 4997 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
	ς , ,		the services.		Rate Per Mile		
Due Dates All Routes	To County Supt October 1		To OPI October 15		\$1.57		
County Name		County Niverban	District No.		1	· 	
County Name		County Number	District Nar	ne		Legal Entity Number	
Yellowstone		56		Public Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mileage Non Bus Mileage		Rated Capacity	
70-601	21	Bus Route		te Mileage		71	
Vehicle I.D. #	License #	□ District Owr					
1515	4996	□ Contract - If so, Name of □ Contracted rate per mile			First Studen	t Clnc	
Reimbursement Distribution- Er	nter the legal entity	number and percentage			aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entit		must match budget!		Logal Entit		
0966	Legal Entit	у	Legal Entity		Legal Entity		
% 100.00	%		%	0/_		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar	Number of Preschool/Kindergarten pupils riding		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		
una route		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBLE		NOMBEL		u i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS	TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
AM I and a self-ular district	21	<u> </u>	D 1 (T 1)	1 202 0 0 0 0 0			
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be	We further certify that	t this bus transports pupils	eligible for school t	transportation as defined by	/ 20-10-101, MC/	Α.	
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	meets the minimum ensed, qualified and	standards as established by approved driver to operate s	the Board of Pub such vehicle as red	lic Education, the Montana quired by 20-10-103, MCA.	,	•	
We understand that violations of this bus route.					olding of state ar	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts sh	hall be attached to the	e county superintendent's c	opy of this docume	ent.	•	, , , ,	
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the so	chool year require the filing of	of an amended TR	t-1 form and approval of the	County Transpo	ortation Committee in	
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees	····· ···· ··· ··· ··· ··· ··· ··· ···		Date				
County 3	Transportation Co	ommittee Approval as	required in acc	ordance with Section 1	20-10-132 MC	<u>·</u>	
This Application for Registration area assigned to it by the County	n of School Bus an	d State Reimbursement	•		•		
Signature - Chair, County Transportation Committee					Date		



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 63-601 22 29 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 7648 3684 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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State Reimbursement School Year 2004 - 2005

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each but

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Dates	To County Supt		To OPI	F	Rate Per Mile		
All Routes		October 1		;	\$1.36		
County Name		County Number	District Nam	e		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route		J		eage	Rated Capacity	
43-601	22		□ Non Bus Mileage Bus Route Mileage			65	
Vehicle I.D. #	License #		District Owr		Contractor C		
2197	4610		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 				
Reimbursement Distribution- Er	iter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Entity		st match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%	0/2	
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)			HIGH SCHOOL RIDERS (Grades 9-12)		
		a NUMBER		b NUMBER	,	c a+b	
Regular (include eligible Preschool/h	(indergarten riders)	NOMBER		HOMBEI	`	u i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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This Application for Registration	of School Bus and						
area assigned to it by the Count Signature - Chair, County Transports	, ,	Committee.			Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 61-610 22 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 1245 7833 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 33-654 22 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4219 9340 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 60-116 17 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9910 4606 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 34-002 25 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9914 4742 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates All Routes	s:	To Co tobe	unty Supt er 1	To OPI October 15		\$1.36	
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route		Type of Service ☐ Bus Route M		eage	Rated Capacity	
51-600	24	4		☐ Non Bus Milea Bus Route Mileage		65	
Vehicle I.D. #	License #	12				Contractor Owned	
2206	4617		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 				
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	id to each dist	rict. Note: Percentages	
Legal Entity 0966 Legal Entity			must match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be eligible)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from solities we understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further certify that us and bus route by to meets the minimum is ensed, qualified and a citing or causing other the laws, rules or reg is district lines and trainall be attached to the curring during the science.	this bus transports pupils elighe State Superintendent; to metandards as established by the approved driver to operate sucers to solicit students from other unsports students from outside a county superintendent's copy hool year require the filing of a	gible for school tr nake such report: the Board of Publish vehicle as req er transportation asportation will be the district, a co y of this docume an amended TR-	ransportation as defined by s to the State Superintende ic Education, the Montana Fuired by 20-10-103, MCA. areas. e sufficient cause for withhous popy of the agreement betweent. 1 form and approval of the	20-10-101, MCA nt and County S dighway Patrol a lding of state an en Boards, 20-1 County Transpo	uperintendent as are nd the State d county reimbursement for 0-126(2) MCA, signed by rtation Committee in	
I certify that this application for r bus operates on the route as ap	0			•	,	,	
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count Signature - Chair, County Transporta	of School Bus and y Transportation C						



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 55-001 26 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2204 4615 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement e						Rate Per Mile	
Due Date All Routes			ounty Supt bber 1	To OPI October 15	:	\$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Yellowstone		56	Billings Public Schools		0965 0966		
Route #			Type of Service □ Bus Route			Rated Capacity	
32-652	27	,		☐ Non Bus Milea Bus Route Mileage		25	
Vehicle I.D. #	License #	License #		District Owned C		Contractor Owned	
4093	1 7776						
Reimbursement Distribution- Er	nter the legal entity		e of state/county		aid to each dis	trict. Note: Percentages	
Legal Entity 0966			must match budget! y		Legal Entity	itity	
% 100.00	%		%		%		
PASSENGER INFORMATION	-						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pł	_	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			R	b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
nonresident and no attendance agree otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely on	the route established by the	a Board of Trustee	es and within the transportat	ion area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify that ous and bus route by t meets the minimum s	this bus transports pupils of the State Superintendent; to standards as established by	eligible for school to make such repor the Board of Pub	transportation as defined by ts to the State Superintende lic Education, the Montana I	20-10-101, MC/ ent and County S	A. Superintendent as are	
We also agree to refrain from sol We understand that violations of this bus route.	iciting or causing other	ers to solicit students from o	ther transportation	n areas.	olding of state ar	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	hall be attached to the	county superintendent's co	opy of this docume	ent.			
I certify that this application for bus operates on the route as application.	•			•	•	•	
Signature - Chair, Board of Trustees					Date		
				ordance with Section 2			
This Application for Registration area assigned to it by the Coun	ty Transportation C		nas been reviev	wed and I certify that this		within the transportation	
Signature - Chair, County Transportation Committee					Date		



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Due Date All Routes			ounty Supt bber 1	To OPI October 15	:	\$1.57	
County Name		County Number District Name		ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mi Non Bus Mile	•	Rated Capacity	
63-600	27		Bus Rout	te Mileage	aye	71	
Vehicle I.D. #	License #		□ District Ow		Contractor C		
5426	4993			If so, Name of Owner If rate per mile	-irst Studen	t Cinc	
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		Legal Entity	,	Legal Entity	у	
0965							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV	DIDEDO		DIDEDO	TOTAL	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pł		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	be eligible)						
Nonpublic School Riders (ineligible)	garteri riders)						
TOTAL RIDERS							
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required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.	ensed, qualified and a iciting or causing othe	approved driver to operate sers to solicit students from c	such vehicle as red other transportation	quired by 20-10-103, MCA. n areas.	,		
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I certify that this application for the bus operates on the route as application for the second seco							
Signature - Chair, Board of Trustees		,		, , , , , , , , , , , , , , , , , , , ,	Date		
County This Application for Registration				ordance with Section 2			
area assigned to it by the Count	ty Transportation C				·		
Signature - Chair, County Transport	ation Committee				Date		



1 copy State Supt.1 copy County Supt.1 copy School District

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Due Date All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District Nar	ne		Legal Entity Number	
Yellowstone		56	Billings F	Public Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mil		Rated Capacity	
34-102	28		Bus Rou	□ Non Bus Mileate Mileage	age	65	
Vehicle I.D. #	License #		□ District Ow		Contractor C		
9914	4742			If so, Name of Owner Figure 1 rate per mile	irst Studen	t Clnc 	
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Entir		Legal Entity	/	Legal Entity	У	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY	PINERS	HIGH SCHOOL I	DIDEBS	TOTAL	
Number of Preschool/Kindergar this route	rten pupils riding	(Grades Pk		(Grades 9-1		ELIGIBLE RIDERS	
			a NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten riders)				-			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agreotherwise allow nonresident riders to (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees	3				Date		
This Application for Registration	n of School Bus ar						
area assigned to it by the Coun Signature - Chair, County Transport		Committee.			Date		
- g S.ian, County Transport							



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 33-655 30 31 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 6868 4620 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 41-001 30 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4205 4733 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Linda McCulloch, Superintendent

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Due Dates:			, ,		To OPI	F	Rate Per Mile	
All Routes			October 1		October 15		\$1.57	
County Name			County Number	District Nan	ne		Legal Entity Number	
Yellowstone			56		ublic Schools		0965 0966	
Route #	Length	n of Route ((miles per day)	Type of Ser	vice Bus Route Mil Non Bus Milea		Rated Capacity	
70-009	30			Bus Rout	e Mileage		71	
Vehicle I.D. #	L	icense #		□ District Ow		Contractor C		
7694	5	5329			If so, Name of Owner Firate per mile	rirst Studen	Cinc —	
Reimbursement Distribution- En	ter the I	egal entity		of state/county atch budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	L	_egal Entity			Legal Entity		Legal Entity	
% 100.00		%		%		%		
PASSENGER INFORMATION	_	70				70		
Number of Preschool/Kindergart	ten pupi	ils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K	Kindergar	ten riders)		`		•	u . z	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to	ement the be eligib	at would ole)						
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten nu	eis)						
TOTAL RIDERS								
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I certify that this application for registration of school bus and state reimburse bus operates on the route as approved by and within the transportation servi-					•	•	•	
Signature - Chair, Board of Trustees						Date		
This Application for Registration area assigned to it by the County	of Scho y Trans	ool Bus and portation C	State Reimbursement	•	ordance with Section 2 ved and I certify that this	bus operates		
Signature - Chair, County Transportation Committee						Date		



Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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Signature - Chair, County Transportation Committee



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Due Dates	· ·	o County Supt	To OPI	Ra	te Per Mile		
All Routes	•		october 1	October 15	\$0	1.95	
County Name		County Number	District Name	е	L	egal Entity Number	
Yellowstone		56	Billings Pu	ıblic Schools	0	965 0966	
Route #	Length of Route	(miles per day)	Type of Serv		•	ated Capacity	
63-651	31		Bus Route	□ Non Bus Milea e Mileage	ge 3	0	
Vehicle I.D. #	License #		□ District Own	ed C	ontractor Ow		
4201	E429		□ Contract - If□ Contracted	so, Name of Owner Frate per mile	irst Student (Clnc -	
Reimbursement Distribution- En	ter the legal entity		age of state/county to match budget!	reimbursement to be pa	id to each distri	ct. Note: Percentages	
Legal Entity 0965	Legal Entity		Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	,,						
Number of Preschool/Kindergard	en pupils riding	ELEMENTAF (Grades		HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS	
		a NUME		b NUMBER		c a + b	
Regular (include eligible Preschool/k	(indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS					-		
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Signature - Chair, Board of Trustees	r. 2. 3. of and will	are danoportation	25.1.00 area accign	and deality frame	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimburseme		rdance with Section 2 ed and I certify that this			
Signature - Chair, County Transporta					Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

Linda McCulloch, Superintendent

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Due Dates: All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District Nar	ne		Legal Entity Number	
Yellowstone		56	Billings P	Public Schools		0965 0966	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mil		Rated Capacity	
24-106	32		Bus Rout	□ Non Bus Mileate Mileage	age	65	
Vehicle I.D. #	License #		□ District Ow		Contractor C		
3414	4748			If so, Name of Owner Figure 1 rate per mile	irst Studen	t Clnc 	
Reimbursement Distribution- Er	nter the legal entity		of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal Entit		Legal Entity	/	Legal Entity	У	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY	DIDEBS	HIGH SCHOOL I	DIDEBS	TOTAL	
Number of Preschool/Kindergar this route	rten pupils riding	(Grades Pk		(Grades 9-1		ELIGIBLE RIDERS	
			a NUMBER			c a+b	
Regular (include eligible Preschool/Kindergarten riders)				-			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
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TOTAL RIDERS							
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Signature - Chair, Board of Trustees	3	<u> </u>		<u> </u>	Date		
County This Application for Registration		ommittee Approval as r					
area assigned to it by the County Signature - Chair, County Transport	ty Transportation (. ,	Date		
orginature - Orian, County Transport	auon committee				Date		



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 50-001 32 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 9916 4744 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 0965 49.00 % 51.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 41-301 31 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4205 4733 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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	ortees of another to	es of another legal entity may utilize the services.		R	ate Per Mile	
Due Dates All Routes			To County Supt October 1	To OPI October 15	97	\$1.36
County Name		County Number	District Nan	ne		Legal Entity Number
Yellowstone		56	Billings P	ublic Schools		0965 0966
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mi	ileage	Rated Capacity
34-004	33		Bus Rout	□ Non Bus Mile e Mileage		65
Vehicle I.D. #	License #		□ District Ow	· ·	Contractor O	wned
9915	4743		□ Contract - I□ Contracted	f so, Name of Owner I rate per mile	First Student	t Clnc
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dist	rict. Note: Percentages
Legal Entity	Legal Entity		ust match budget! Legal Entity		Legal Entity	/
0965					_	
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)				_		
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unnorresident and no attendance agre otherwise allow nonresident riders to	ement that would be eligible)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
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I certify that this application for r bus operates on the route as ap	-			-	•	•
Signature - Chair, Board of Trustees		,		,	Date	
				ordance with Section		
This Application for Registration area assigned to it by the Count			ment nas been reviev	ved and I certify that this	s bus operates	within the transportation
Signature - Chair, County Transporta	, ,				Date	



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Due Dates All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	•	Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Yellowstone		56	Billings P	ublic Schools		0965 0966
Route #	Length of Route		Type of Ser	vice Bus Route Mil		Rated Capacity
70-022	45		Rue Pout	□ Non Bus Milea te Mileage	age	71
Vehicle I.D. #	License #		☐ District Ow		Contractor C	
4209	7753		□ Contract -	If so, Name of Owner FI rate per mile		
Reimbursement Distribution- En	iter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0966	Legal Entity		Legal Entity	,	Legal Entit	У
% 100.00	%		%		%	
PASSENGER INFORMATION	70		,0		70	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k	Kindergarten riders)	NOMBEN		NOWBER		a + D
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
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I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		are adireportation ser	aroa assig	ness by the county frank	Date	
County T This Application for Registration area assigned to it by the Count	of School Bus and					
Signature - Chair, County Transports					Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70-122 51 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4209 7753 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



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Due Dates		· ·	ounty Supt	To OPI		Rate Per Mile	
All Routes			October 1			\$1.57	
County Name		County Number	District Nam	ne		Legal Entity Number	
Yellowstone		56	Billings P	ublic Schools		0965 0966	
Route #	Length of Route	(miles per day)		vice Bus Route Mi		Rated Capacity	
60-109	56		Bus Rout	□ Non Bus Mile e Mileage	aye	71	
Vehicle I.D. #	License #		□ District Ow		Contractor (
2303	4347			f so, Name of Owner frate per mile	-irst Studer	nt Cinc	
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity	у	Legal Entity		Legal Enti	ty	
0966	0	965					
% 45.00	% 55	.00	%		%		
PASSENGER INFORMATION	_						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBEF	2	c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBER	·	NOWBE		d i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
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I certify that this application for a bus operates on the route as ap	-				•	•	
Signature - Chair, Board of Trustees			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	Date		
This Application for Registration	of School Bus and		•		•		
area assigned to it by the Count Signature - Chair, County Transport		ommittee.			Date		
					1		



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This form is required in accorda receives state reimbursement e					ne form for ea	ach bus route that
Due Dates All Routes		To Co Octol	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.15
County Name		County Number District Nan		ne		Legal Entity Number
Yellowstone		56	Lockwoo	d Elementary		0967
Route #	Length of Route		Type of Sei	rvice Bus Route Mile		Rated Capacity
1 (Sp.Ed.8:30 a.m.)	41.9		Bus Rout	□ Non Bus Milea te Mileage	age 55	
Vehicle I.D. #	License #		□ District Ow		ontractor C	
2306	4235			If so, Name of Owner F I rate per mile	irst Studen	it Clnc
Reimbursement Distribution- En	iter the legal entity		of state/county atch budget!	reimbursement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0967	Legal Entity		Legal Entity	,	Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK	_	HIGH SCHOOL R (Grades 9-1	_	TOTAL ELIGIBLE RIDERS
		a NUMBER)	b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergarten riders)	NOWIDET	<u> </u>	NOMBLIC		415
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
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I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		are transportation set	4104 40019		Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement I		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transporta	ation Committee				Date	



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Lockwood Elementary 0967 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 4 (7a.m.) 35 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 1240 7827 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0967 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Dates All Routes		To County Supt October 1			Rate Per Mile \$1.57		
County Name	County Number	District Nan	ne		Legal Entity Number		
Yellowstone		56	Lockwoo	d Elementary		0967	
Route #	Length of Route				eage	Rated Capacity	
5 (8 a.m.)	25		□ Non Bus Mileage Bus Route Mileage			71	
Vehicle I.D. #	License #		☐ District Ow	•	villougo		
4091	7769	☐ Contract - If so, Name of Owl					
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0967			must match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70	_	
	Number of Preschool/Kindergarten pupils riding		IDERS 8)	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	(indergarten riders)	NUMBER		NOMBER		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
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Signature - Chair, County Transporta	ation Committee				Date		



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School Year 2004 - 2005

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			· ·			Rate Per Mile		
Due Dates: All Routes				To County Supt October 1			\$1.15	
County Name			County Number	District Name			Legal Entity Number	
Yellowstone			56	Lockwood Elementa			0967	
Route #	Length	of Route ((miles per day)	Type of Ser	vice ☐ Bus Route Mi	Mileage Rated Capacity		
1 (7 a.m.)	24			□ Non Bus Mileage Bus Route Mileage			55	
Vehicle I.D. #		cense #		☐ District Ow	Dwned			
2306	42	235		☐ Contract - If so, Name of Owner First Student CInc ☐ Contracted rate per mile				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages								
Legal Entity	Le	egal Entity		ch budget! Legal Entity		Legal Entity		
0967						3	,	
% 100.00 PASSENGER INFORMATION		%		%		%		
PASSENGER INFORMATION			ELEMENTARY R	IDERS	HIGH SCHOOL	RIDERS	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		s riding	(Grades PK-	8)	(Grades 9-1		ELIGIBLE RIDERS	
			a NUMBER		b NUMBEF	}	c a+b	
Regular (include eligible Preschool/k	Kindergarte	en riders)	-		_			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
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TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)								
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I certify that this application for r bus operates on the route as ap	-				-	•	•	
Signature - Chair, Board of Trustees	an are transportation serv	ioo aroa aooiyi	nod by the County Hall	Date				
This Application for Registration area assigned to it by the Count	of School Transpo	ol Bus and ortation C				bus operates		
Signature - Chair, County Transportation Committee						Date		



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Yellowstone Lockwood Elementary 0967 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1 (8 a.m.) 20 55 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2306 4235 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0967 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Lockwood Elementary 0967 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 9 (7 a.m.) 17 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2132 7760 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0967 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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This form is required in accordan					ne form for ea	ach bus route that		
Due Dates	· ·	tees of another legal entity may utilize the serv To County Supt		F	Rate Per Mile			
All Routes	October 1		To OPI October 15	;	\$1.57			
County Name	County Number	District Nar	ne ne		Legal Entity Number			
Yellowstone		56	Lockwoo	Lockwood Elementary		0967		
Route #	Length of Route	(miles per day)	Type of Se	Type of Service ☐ Bus Route Mileage		Rated Capacity		
8 (7 a.m.)	21.1		Bus Rout	□ Non Bus Mileaឲ te Mileage		71		
Vehicle I.D. #	License #		□ District Owned Contractor Owned					
4130	1130 7707			□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile				
Reimbursement Distribution- Ent	ter the legal entity		e of state/county atch budget!	y reimbursement to be pai	d to each dis	trict. Note: Percentages		
Legal Entity 0967	Legal Entity			Legal Ent		У		
0907								
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTA DV	DIDEDO	LIIOU COLLOGI D	IDED 0	TOTAL		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades Ph		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
			a NUMBER			c a+b		
Regular (include eligible Preschool/K	indergarten riders)							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS	TOTAL RIDERS							
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Signature - Chair, Board of Trustees	iiii tile transportation se	ivice area assig		Date	mmilee.			
County T This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement		ordance with Section 20 wed and I certify that this I				
Signature - Chair, County Transporta					Date			



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Yellowstone Canyon Creek Elementary 0969 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage сс3 67 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 3707 5074 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0969 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Canyon Creek Elementary 0969 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage cc1 65 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 2203 4614 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0969 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Date

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Date

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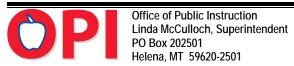


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Due Dates: All Routes				To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number		District Nam	strict Name		Legal Entity Number		
Yellowstone			56 L		Laurel Pu	ıblic Schools		0970 0971	
Route #	Length of	of Route ((miles per day)		Type of Service ☐ Bus Route Mil			Rated Capacity	
43	48.2				□ Non Bus Mileage Bus Route Mileage			72	
Vehicle I.D. #	Lic	cense #			□ District Owned District Owned				
0325 1404				□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Er	nter the le	gal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity 0970				must match budget! Legal Entity		Legal Ent		ty	
% 75.00		% 25.0	00	%			%		
PASSENGER INFORMATION		70 20.			70		70		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY (Grades Pl			HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		-	a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/l	Kindergarte	en riders)	NOMBL	11		NOMBE		a i b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Due Dates All Routes		To County Supt October 1			Rate Per Mile \$1.57		
County Name		County Number	unty Number District Name			Legal Entity Number	
Yellowstone		56	56 Laurel Public School		0970 0971		
Route #	Length of Route	(miles per day)	(miles per day) Type of Servi			Rated Capacity	
40	19.3	Bus Route		□ Non Bus Mileage te Mileage		72	
Vehicle I.D. #	License #				District Owned		
0162	215			□ Contract - If so, Name of Owner □ Contracted rate per mile			
Reimbursement Distribution- En	ter the legal entity			y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Enti	ty		tch budget! Legal Entity Leg		I Entity	
0970	(971					
% 75.00	% 25	5.00	%		%		
PASSENGER INFORMATION	70 20		70				
Number of Preschool/Kindergar this route	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-7	_	TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h				`			
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
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Signature - Chair, Board of Trustees		4		, , , , , , , , , , , , , , , , , , , ,	Date		
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Signature -	Chair, Coun	ntv Transporta	ition Con	nmittee	Date
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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Laurel Public Schools 0970 0971 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 49-3 11.5 47 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 6258 1739 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0970 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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Helena, MT 59620-2501

State Reimbursement
School Year 2004 - 2005

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Due Dates	To County Supt To OPI		To OPI	R	Rate Per Mile		
All Routes	Octobe			9	\$0.95		
County Name		County Number	District Name			Legal Entity Number	
Yellowstone		56	Custer K-	-12 Schools		0975	
Route #	Length of Route			rvice Bus Route Mileage		Rated Capacity	
4 B	100	Bus Route		□ Non Bus Mileage e Mileage		35	
Vehicle I.D. #	License #	□ District Owned				ed	
3999	891		□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dist	trict. Note: Percentages	
Legal Entity	Legal Entity	must mat	ch budget! Legal Entity	,	Legal Entity	/	
0975		,	,				
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RI	DERS	HIGH SCHOOL	RIDERS	TOTAL	
Number of Preschool/Kindergart this route	en pupils riding	(Grades PK-8)		(Grades 9-12) ELIGIBLE		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K	(indergarten riders)	NOWBER		NOMBEL	`	аты	
1st Wheelchair (WC)							
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Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., undersident and no attendance agree							
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Rate Per Mile Due Dates: To County Supt To OPI							
All Routes October 1 October 15 \$0.95							
County Name County Number District Name Legal Entity Num	ber						
Yellowstone 56 Custer K-12 Schools 0975							
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity							
3B 84 Bus Route Mileage 35							
Vehicle I.D. #							
5527 Contract - If so, Name of Owner Contracted rate per mile							
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.	entages						
The state of the s	Legal Entity						
% 100.00 % %							
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RII ELIGIBLE	ERS						
a b c NUMBER NUMBER a+b							
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
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Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Custer K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 126 35 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 3999 891 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0975 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Date

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Yellowstone Morin Elementary 0976 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 166 65 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 1233 4728 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0976 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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1 copy State Supt.1 copy County Supt.1 copy School District

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for ea	ch bus route that	
receives state reimbursement e	ontees of another legal en	illy may utilize	the services.	F	Rate Per Mile		
Due Date All Routes	To Co Octob	er 1	To OPI October 15	;	\$1.57		
County Name	County Number	District Name			Legal Entity Number		
Yellowstone		56	Broadvie	w Public Schools		0978 0979	
Route #	Length of Route			vice □ Bus Route Mileage		Rated Capacity	
2	110		□ Non Bus Mileage Bus Route Mileage			71	
Vehicle I.D. #	License #		☐ District Ow		Contractor C		
6228	6640		□ Contract - If so, Name of Owner B & B Ag Supply □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity				aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		tch budget!	,	Legal Entity		
0978		979	Legal Entity Legal Entity				
% 57.00	% 43	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDERS	HIGH SCHOOL F	RIDERS	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	(Grades PK-		(Grades 9-1	_	ELIGIBLE RIDERS	
this route		а		b c		C	
	NUMBER		NUMBER		a + b		
Regular (include eligible Preschool/	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
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otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		are adhoperation out	20 2102 20019	great by the country fruit	Date		
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area assigned to it by the Count	ty Transportation C						
Signature - Chair, County Transport	ation Committee				Date		



Date

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Date

1 copy State Supt.1 copy County Supt.1 copy School District

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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Due Dates: All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	umber District Name			Legal Entity Number	
Yellowstone								
Route #	Length	n of Route	56 (miles per day)		Shepherd Public Schools Type of Service □ Bus Route Mil		0985 0986 Rated Capacity	
700			(□ Non Bus Mile				
/ P.Rescn Vehicle I.D. #	7 P.Resch 52 Vehicle I.D. # License #			Bus Route Mileage		84 District Owned		
4178		125		□ Contract -	If so, Name of Owner I rate per mile	eu 		
Reimbursement Distribution- Er	nter the le	legal entity			reimbursement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity		Legal Entity		t match budget! Legal Entity Legal Entity			у	
0985			986	j		_0ga:,		
% 78.00		% 22.	00	%		%	%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding			RIDERS (-8)			TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergart	rten riders)		-				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, County Transport		ommutoo.			Date			



Date

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Signature - Chair, County Transportation Committee

Date



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Yellowstone Shepherd Public Schools 0985 0986 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 10 D.Cossitt 30 81 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4471 1680 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0985 0986 78.00 22.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

area assigned to it by the County Transportation Committee



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This form is required in accorda receives state reimbursement e								ach bus route that
Due Dates: All Routes			To County Supt October 1			To OPI October 15		\$1.36
County Name			County Number		District Name			Legal Entity Number
Yellowstone			56		Pioneer Elementary			0987
Route # Length of Route		(miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile:			Rated Capacity	
3 31				Bus Route Mileage		age	66	
Vehicle I.D. # License #				District Ow		District Own	District Owned	
4085 268			□ Contract - If so, Name of Owner□ Contracted rate per mile					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!								
Legal Entity Legal Ent		al Entity			Legal Entity		Legal Entity	
0987								
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RI (Grades PK-8				_	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBEF	₹	c a + b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		and the second s			Date			
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Signature - Chair, County Transportation Committee							Date	



Date

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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Yellowstone Academy Elem 1196 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1 East 90 15 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 0021 5885 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1196 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



Date

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